

DUPLICATE CERTIFICATE OF REGISTRATION APPLICATION

MV2026 495 s.341.11(3) Wis. Stats.

COMPLETE FORM and MAIL with \$2.00 FEE TO:

Wisconsin Dept. of Transportation

P O Box 7911

Madison WI 53707-7911

FAST SERVICE - Mail \$4.00 fee to:

Wisconsin Dept. of Transportation

P O Box 7306

Madison WI 53707-7306

Make check payable to: REGISTRATION FEE TRUST

Current License Plate Number	Year - Make	Body Type	Vehicle Identification Number		
OWNER(S)/LESSEE Last Name First Middle Initial		Social Security # or Driver License # or (if company owned) FEIN #		(Area Code) Telephone # between 7:30 AM and 5 PM	
Street Address		Vehicle Presently Kept In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		COUNTY OF: OF:	
City State Zip Code		Do you also need a year sticker? <input type="checkbox"/> Yes <input type="checkbox"/> No			